

1207

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made
by the person who made the original)

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. *

Place of Birth Globe Arizona County Mila No. _____ St. _____
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
Male	Single		
DATE OF BIRTH* <u>July 4</u> <u>1915</u>			
(Month) (Day) (Year)			
FULL NAME		FATHER	
<u>William Holsey</u>			
FULL MAIDEN NAME		MOTHER	
<u>Minnie Wilson Holsey</u>			

I HEREBY CERTIFY that the child described
herein has been named

Elmer Clifford Holsey
(Give name in full) (Surname)

Mrs. Wm. Holsey
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

10M 11-41 A.P.